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The Weighty Responsibility of Drinking for Two

By [JULIA MOSKIN](#)

IT happens at coffee bars. It happens at cheese counters. But most of all, it happens at bars and restaurants. Pregnant women are slow-moving targets for strangers who judge what we eat — and, especially, drink.

“Nothing makes people more uncomfortable than a pregnant woman sitting at the bar,” said Brianna Walker, a bartender in Los Angeles. “The other customers can’t take their eyes off her.”

Drinking during [pregnancy](#) quickly became taboo in the United States after 1981, when the Surgeon General began warning women about the dangers of alcohol. The warnings came after researchers at the [University of Washington](#) identified Fetal Alcohol Syndrome, a group of physical and mental birth defects caused by alcohol consumption, in 1973. In its recommendations, the government does not distinguish between heavy drinking and the occasional beer: all alcohol poses an unacceptable risk, it says.

So those of us who drink, even occasionally, during pregnancy face unanswerable questions, like why would anyone risk the health of a child for a passing pleasure like a beer?

“It comes down to this: I just don’t buy it,” said Holly Masur, a mother of two in Deerfield, Ill., who often had half a glass of wine with dinner during her pregnancies, based on advice from both her mother and her obstetrician. “How can a few sips of wine be dangerous when women used to drink martinis and smoke all through their pregnancies?”

Many American obstetricians, skeptical about the need for total abstinence, quietly tell their patients that an occasional beer or glass of wine — no hard liquor — is fine.

“If a patient tells me that she’s drinking two or three glasses of wine a week, I am personally comfortable with that after the first trimester,” said Dr. Austin Chen, an obstetrician in TriBeCa. “But technically I am sticking my neck out by saying so.”

Americans’ complicated relationship with food and drink — in which everything desirable is also potentially dangerous — only becomes magnified in pregnancy.

When I was pregnant with my first child in 2001 there was so much conflicting information that doubt became a reflexive response. Why was tea allowed but not coffee? How could all “soft cheeses” be forbidden if cream cheese was recommended? What were the real risks of having a glass of wine on my birthday?

Pregnant women are told that danger lurks everywhere: listeria in soft cheese, mercury in canned tuna, [salmonella](#) in fresh-squeezed orange juice. Our responsibility for minimizing risk through perfect behavior feels vast.

Eventually, instead of automatically following every rule, I began looking for proof.

Proof, it turns out, is hard to come by when it comes to “moderate” or “occasional” drinking during pregnancy. Standard definitions, clinical trials and long-range studies simply do not exist.

“Clinically speaking, there is no such thing as moderate drinking in pregnancy” said Dr. Ernest L. Abel, a professor at Wayne State University Medical School in Detroit, who has led many studies on pregnancy and alcohol. “The studies address only heavy drinking” — defined by the [National Institutes of Health](#) as five drinks or more per day — “or no drinking.”

Most pregnant women in America say in surveys that they do not drink at all — although they may not be reporting with total accuracy. But others make a conscious choice not to rule out drinking altogether.

For me, the desire to drink turned out to be all tied up with the ritual of the table — sitting down in a restaurant, reading the menu, taking that first bite of bread

and butter. That was the only time, I found, that sparkling water or nonalcoholic beer didn't quite do it. And so, after examining my conscience and the research available, I concluded that one drink with dinner was an acceptable risk.

My husband, frankly, is uncomfortable with it. But he recognizes that there is no way for him to put himself in my position, or to know what he would do under the same circumstances.

While occasional drinking is not a decision I take lightly, it is also a decision in which I am not (quite) alone. Lisa Felter McKenney, a teacher in Chicago whose first child is due in January, said she feels comfortable at her current level of three drinks a week, having been grudgingly cleared by her obstetrician. "Being able to look forward to a beer with my husband at the end of the day really helps me deal with the horrible parts of being pregnant," she said. "It makes me feel like myself: not the alcohol, but the ritual. Usually I just take a few sips and that's enough."

Ana Sortun, a chef in Cambridge, Mass., who gave birth last year, said that she (and the nurse practitioner who delivered her baby) both drank wine during their pregnancies. "I didn't do it every day, but I did it often," she said. "Ultimately I trusted my own instincts, and my doctor's, more than anything else. Plus, I really believe all that stuff about the European tradition."

Many women who choose to drink have pointed to the habits of European women who legendarily drink wine, eat raw-milk cheese and quaff Guinness to improve breast milk production, as justification for their own choices in pregnancy.

Of course, those countries have their own taboos. "Just try to buy unpasteurized cheese in England, or to eat salad in France when you're pregnant," wrote a friend living in York, England. (Many French obstetricians warn patients that raw vegetables are risky.) However, she said, a drink a day is taken for granted. In those cultures, wine and beer are considered akin to food, part of daily life; in ours, they are treated more like drugs.

But more European countries are adopting the American stance of abstinence. Last month, France passed legislation mandating American-style warning labels on alcohol bottles, beginning in October 2007.

If pregnant Frenchwomen are giving up wine completely (although whether that will happen is debatable — the effects of warning labels are far from proven), where does that leave the rest of us?

“I never thought it would happen,” said Jancis Robinson, a prominent wine critic in Britain, one of the few countries with government guidelines that still allow pregnant women any alcohol — one to two drinks per week. Ms. Robinson, who spent three days tasting wine for her Masters of Wine qualification in 1990 while pregnant with her second child, said that she studied the research then available and while she was inclined to be cautious, she didn’t see proof that total abstinence was the only safe course.

One thing is certain: drinking is a confusing and controversial choice for pregnant women, and among the hardest areas in which to interpret the research.

Numerous long-term studies, including the original one at the University of Washington at Seattle, have established beyond doubt that heavy drinkers are taking tremendous risks with their children’s health.

But for women who want to apply that research to the question of whether they must refuse a single glass of Champagne on New Year’s Eve or a serving of rum-soaked Christmas pudding, there is almost no information at all.

My own decision came down to a stubborn conviction that feels like common sense: a single drink — sipped slowly, with food to slow the absorption — is unlikely to have much effect.

Some clinicians agree with that instinct. Others claim that the threat at any level is real.

“Blood alcohol level is the key,” said Dr. Abel, whose view, after 30 years of research, is that brain damage and other alcohol-related problems most likely result from the spikes in blood alcohol concentration that come from binge drinking — another difficult definition, since according to Dr. Abel a binge can be as few as two drinks, drunk in rapid succession, or as many as 14, depending on a woman’s physiology.

Because of ethical considerations, virtually no clinical trials can be performed on pregnant women.

“Part of the research problem is that we have mostly animal studies to work with,” Dr. Abel said. “And who knows what is two drinks, for a mouse?”

Little attention has been paid to pregnant women at the low end of the consumption spectrum because there isn’t a clear threat to public health there, according to Janet Golden, a history professor at Rutgers who has written about Americans’ changing attitudes toward drinking in pregnancy.

The research — and the public health concern — is focused on getting pregnant women who don’t regulate their intake to stop completely.

And the public seems to seriously doubt whether pregnant women can be trusted to make responsible decisions on their own.

“Strangers, and courts, will intervene with a pregnant woman when they would never dream of touching anyone else,” Ms. Golden said.

Ms. Walker, the bartender, agreed. “I’ve had customers ask me to tell them what the pregnant woman is drinking,” she said. “But I don’t tell them. Like with all customers, unless someone is drunk and difficult it’s no one else’s business — or mine.”